



UNITED STATES MARINE CORPS

MARINE CORPS BASE
3250 CATLIN AVENUE
QUANTICO, VIRGINIA 22134-5001

MCBO 12792.4
B 015
23 Oct 12

MARINE CORPS BASE ORDER 12792.4

From: Commander
To: Distribution List

Subj: CIVILIAN EMPLOYEE HEALTH AND WELLNESS PROGRAM

Ref: (a) OPNAVINST 6100.2
(b) DoN CHRM, Subchapter 792.4, Work/Life Program

Encl: (1) Civilian Employee Exercise Program Agreement
(2) Civilian Employee Exercise Plan and Record Sheet

1. Purpose. Establish a voluntary civilian employee exercise program which encourages healthy lifestyles, increases productivity, reduces the use of sick leave, and benefits individuals and the Marine Corps.

2. Applicability. This Order applies to all appropriated fund civilian employees working for Marine Corps Base Quantico (MCB).

3. Background. The references promote and allow civilian personnel the opportunity to improve health through physical fitness during the workday. Extensive research has proven that improving health and thus preventing disease and premature death, is as easy as making small adjustments and improvements in the activities of daily life. Additionally, research identifies that the cost of lost productivity due to poor employee health may be as much as three times the cost of direct medical and disability expenses. Healthy living and exercise fosters physical and emotional well-being, improves physical and mental fitness, enhances quality of life, improves quality of work, and increases productivity.

4. Policy

a. Maximize individual performance by encouraging and supporting employee health promotion through physical fitness. Exercise sessions should stress aerobic activity, but a well-balanced program including flexibility and muscular strength conditioning is also encouraged.

b. Each agreement for program participation will be limited to 12 months in duration or until their supervisor changes. However, employees may immediately complete a new application for continued participation upon completion of their previous agreement or with their new supervisor.

c. Employees are authorized to use up to three hours of time each workweek in conjunction with their exercise plan. Supervisors may allow the time to be spread throughout the week. The absence from work will be limited to one-hour on any given day. Any unused time during the week may not be accumulated.

d. Employee absence from the workplace to exercise must be scheduled with and approved by their supervisor prior to the beginning of each pay period. Supervisors will work jointly with individuals to determine the feasibility and extent of their participation.

e. If employees exercise in the morning they must report to work prior to commencing exercise. If they exercise at the end of the workday they must report back to work before departing work for the day. If an employee exercises during lunch they may include their lunch time in their exercise, but they must return to work within 1.5 hours dressed and ready to work.

f. Employees may use fitness facilities on Marine Corps Base Quantico. Use of private commercial fitness facilities of facilities off base are not authorized during the employee's workday. If employees choose to run or walk on roads and or trails they must comply with local regulations.

g. Each participant takes full responsibility to ensure a physician supports their exercise plan and level of its intensity.

h. An employee who has been granted official time to participate in a physical fitness activity on the employers premises is in a duty status.

i. Employee participation is completely voluntary. Personnel not interested or participating in their own health improvement and physical fitness will be treated with the same respect and afforded the same opportunities as any other employee.

j. Personnel opting not to participate will not be allowed equal "time off".

5. Action

a. Directors, Branch Heads, and Supervisors

(1) Ensure employees are aware of the contents of this Order.

(2) When possible approve requests for participation using Enclosure (1), and assist and support individuals in the

development of an effective exercise plan, Enclosure (2), that does not interfere or impede in the mission.

(3) Ensure participation is voluntary and enforce equal treatment of all employees whether or not an employee is interested in health improvement and physical fitness.

(4) Maintain copies of completed Civilian Employee Exercise Record Sheets. Time spent participating in the program and not working will be charged as normal working hours.

(5) Revoke the privilege of participation if abuse of the program is identified and not promptly corrected.

b. Employees

(1) Employees who wish to participate in the program must request approval from their supervisor using Enclosure (1).

(2) Employees must submit a proposed exercise plan, Enclosure (2), prior to the beginning of each pay period. Before commencing in exercise during the workday the employee must obtain supervisor approval of the plan.

(3) Within the guidelines discussed herein, employees are encouraged to develop a fitness program of their own choosing; however, each employee is responsible for ensuring their exercise program is safe and he/she is medically cleared to engage in that activity. Persons not accustomed to a regular routine of aerobic exercise are cautioned to begin sensibly and slowly.

(4) Employees must document their participation using Enclosure (2). The Record Sheet will be submitted at the end of each pay period and maintained by the supervisor.

6. Recommendations. Recommendations for changes or updates to this Order should be addressed to the Civilian Manpower Branch Head, Assistant Chief of Staff, G-1.

/s/
DAVID W. MAXWELL

DISTRIBUTION: A

Civilian Employee Exercise Program Agreement

I, _____, desire to participate in the Civilian Employee Health And Wellness Program.

_____ I understand this program uses official work time to allow participation in an exercise program. As such, the rules of conduct concerning work time apply.

_____ I understand exercise during the workday must be within the confines of Marine Corps Base Quantico.

_____ I understand this agreement is limited to 12 months in duration or until my supervisor changes.

_____ I understand I am authorized to use up to three hours of time each workweek, and is limited to one-hour on any given day. Also, I understand any unused time during the week may not be accumulated.

_____ I understand absence from the workplace to exercise must be scheduled with and approved using the Civilian Employee Exercise Plan, Enclosure (2) of the Order, by my supervisor prior to the beginning of each pay period.

_____ I understand participation in this program does not provide me the means to arrive late or depart early from my work place.

_____ I understand that consulting my physician before beginning any exercise program is a wise decision:

☐ I consulted my physician and evidence of my physician's approval of my selected fitness activity/activities is attached.

☐ I choose not to consult with my physician and take full responsibility for my health. In lieu of a physician's approval, I have completed the medical screening below indicating there is no medical reason known to me that would prohibit my participation in the activity/activities I have selected.

SINCE YOUR LAST PHYSICAL HAS THERE BEEN

 Yes No Significant changes in your history of heart disease or high blood pressure which required you to restrict physical activity or seek medical treatment?

 Yes No Significant changes in your incident of discomfort in your chest, arms or neck while exerting yourself or exercising?

Yes **No** Significant change in your incident of fainting or feeling you were about to lose consciousness?

 Yes **No** Significant change in any medical condition (such as diabetes, asthma or bone/joint disease) which you think might limit your participation in an exercise program.

 Yes **No** Significant change in family history such that your mother, father, brother or sister had a heart attack or died of heart disease before they were 45 years old?

 Yes **No** Significant change in your smoking habits such that you now smoke more than two packs of cigarettes daily?

 Yes **No** Significant change in your weight?

NOTE: If you answered "yes" to any of the above questions, you are required to obtain a physician's release prior to participating.

My participation goal is _____

_____.

Employee Printed Name: _____

Employee Request Signature: _____ Date: _____

Supervisor's Approval Signature: _____ Date: _____

Civilian Employee Exercise Plan and Record Sheet

Employee Printed Name: _____

Pay Period Beginning Date: _____ Ending Date: _____

<i>Complete and obtain approval prior commencing two week plan</i>				<i>Complete Daily</i>	
Date or Day	Time	Activity	Location	Start Time	End Time

Employee Request Signature: _____ Date: _____

Supervisor's Approval Signature: _____ Date: _____